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| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i> | Attorney Docket No. | 213202.00506 |
| | First Named Inventor or Application Identifier | |
| | IAN M. PENN, ET AL. | |
| Express Mail Label No. | | |

| APPLICATION ELEMENTS | | ADDRESS TO: | |
|---|---|---|--|
| See M.P.E.P. chapter 600 concerning utility patent application contents. | | Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. § 1.27. 3. <input checked="" type="checkbox"/> Specification Total Pages 31 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. §113) Total Sheets 13 5. <input checked="" type="checkbox"/> Oath or Declaration Total Sheets 2 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> 1. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 C.F.R. § 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (C.R.F.) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | | |
| | | ACCOMPANYING APPLICATION PARTS | |
| | | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (M.P.E.P. § 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input checked="" type="checkbox"/> Change of Correspondence | |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation
☐ Divisional
☐ Continuation-in-part (CIP) of prior application No. 09/672,768 (See Appln. Data Sheet)
Prior application information :

Examiner: W. Matthews Group/Art Unit: 3738

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

| | | |
|--|--|--|
| <input type="checkbox"/> Customer Number or Bar Code Label | 27160 (Insert Customer No. or Attach bar code label here) | or <input type="checkbox"/> Correspondence address below |
| NAME | | |
| Address | | |
| City | State | Zip Code |
| Country | Telephone | Fax |



| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--------|--|------------------|------------------|------------------------------------|------------------|
| | TOTAL CLAIMS (37 C.F.R. § 1.16(c)) | 1-20 = | 0 | X \$ 18.00 = | \$ 0.00 |
| | INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b)) | 1-3 = | 0 | X \$ 86.00 = | \$ 0.00 |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. §1.16(d)) | | | \$290.00 = | \$ 0.00 |
| | | | | BASIC FEE (37 C.F.R. § 1.16(a)) | \$ 770.00 |
| | | | | Total of above Calculations = | |
| | Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27, 1.28). | | | | \$ 0.00 |
| | TOTAL = | | | | \$ 770.00 |
| | | | | | |

19. Small entity status

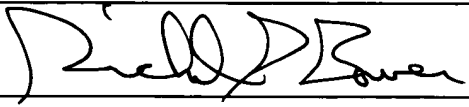
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ Please charge the amount of \$ 770.00 to Deposit Account No. 50-1710 to cover the filing fee. A duplicate copy of this paper is attached.

21. ☐ Please charge the amount of \$ _____ to Deposit Account No. 50-1710 to cover the recordal fee.

22. The Commissioner is hereby authorized to charge the above fees, credit overpayments or charge any deficiencies to Deposit Account No. 50-1710:

- a. ☒ Fees required under 37 C.F.R. § 1.16.
- b. ☒ Fees required under 37 C.F.R. § 1.17.
- c. ☐ Fees required under 37 C.F.R. § 1.18

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | |
|---|---|
| NAME | Richard P. Bauer, Registration No. 31,588 |
| SIGNATURE |  |
| DATE | May 21, 2004 |